

IF YOU CHOOSE TO HAVE SOMEONE REPRESENT YOU, YOU MUST COMPLETE, DATE AND SIGN A DHHS APPROVED AUTHORIZATION, RELEASE, OR WAIVER THAT CLEARLY ALLOWS THIS AND ALSO ALLOWS ACCESS TO YOUR RELEVANT HEALTH RECORDS AND INFORMATION. WITHOUT THIS WRITTEN AUTHORIZATION, THE DIVISION OF ADMINISTRATIVE HEARINGS WILL NOT BE ABLE TO SHARE YOUR HEALTH INFORMATION AND/OR ALLOW YOUR REPRESENTATIVE TO HAVE ACCESS TO THIS INFORMATION OR REPRESENT YOU AT YOUR HEARING.